

INCIDENT / COMPLAINT REPORT

OPNAV 5527/1 (DEC 1982) FOR OFFICIAL USE ONLY (When filled in) Page 1 of 3 Pages

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)

17. DETAILS OF INCIDENT *(Who, what, when, where, how, why? Attach relevant statements.)*

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)

18. ENCLOSURES (Statements and receipts)

19. EVIDENCE (List and describe)

20. REFERRED TO

☐ Patrol

☐ Investigations

☐ NIS

☐ File

☐ Other Agency (Specify)

21. DISTRIBUTION

ORIG: _____

COPY 1: NISHQ via NISRA _____

COPY 2: _____

22. REPORTING OFFICIAL TYPED NAME, RANK, TITLE & SIGNATURE

23. APPROVING OFFICIAL TYPED NAME, RANK, TITLE & SIGNATURE

24. REPORT OF ACTION TAKEN

(To be completed by the addressee when so indicated in block 7. Return one copy to originator to meet suspense date indicated in block 6.)

a. FROM

b. DATE

c. TO

d. VIA

e. SUBJECT

f. RANK

g. SSN

h. ACTION TAKEN

☐ ADMINISTRATIVE

☐ NON-JUDICIAL

☐ JUDICIAL

i. DATE ACTION COMPLETED

j. DETAILS (Specify type administrative action taken, non-judicial punishment imposed, or judicial results, as applicable.)

(For multiple subjects, use additional page(s) to reflect action taken.)

k. TYPED NAME AND TITLE

l. SIGNATURE